

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE			
APPLICANT(S)					
CLAIMS					
*	*	*	*		
IND.	DEP.	IND.	DEP.		
51	/				
52	/				
53	/				
54	/				
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97					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE